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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 19200-000041/US |
| Application Number 10/511,582 | | Filed October 18, 2004 |
| For AUTOMATIC MILK SEPARATION | | |
| Art Unit 3643 | Examiner Son T. Nguyen | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|--|--------------------|-------------------------|---------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 ¹ | \$60 | \$_____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ 460 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$_____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$_____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$_____ |

¹ Since Applicant previously submitted a Petition for Extension of Time for two (2) months, only a Petition for Extension of Time for one (1) month is necessary now.

- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to credit any overpayment, to Deposit Account Number 08-0750. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

- attorney or agent of record. Registration Number _____
- attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).35,094.

03/04/2008 MAILED 1,0000024 10511582

02 FC:1252 Date 460.00 OP

(703) 668-8000

Telephone Number

Signature

John A. Castellano

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

- Total of _____ forms are submitted.